

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System held Thursday, November 29, 2012 at the hour of 7:30 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Carvalho called the meeting to order; however, a quorum was not present. The Board continued to receive information until approximately 7:45 A.M.; at this time, a quorum was reached, and the Board began to consider the items presented.

Present: Chairman David Carvalho, Vice Chairman Jorge Ramirez and Directors Quin R. Golden; Edward L. Michael; Luis Muñoz, MD, MPH; and Dorene P. Wiese, EdD (6)

Present

Telephonically: Heather E. O'Donnell, JD, LLM (1)

Absent: Directors Hon. Jerry Butler; Reverend Calvin S. Morris, PhD; and Carmen Velasquez (3)

Chairman Carvalho stated that Director O'Donnell was unable to be physically present, but is able to participate in the meeting telephonically.

Director Muñoz, seconded by Director Golden, moved to allow Director O'Donnell to participate as a voting member for this meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Director O'Donnell indicated her presence telephonically.

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management

John Cookinham – System Chief Financial Officer

Patrick T. Driscoll, Jr. – Cook County State's Attorney's Office

Claudia Fegan, MD – John H. Stroger, Jr. Hospital of Cook County

Roberta Fruth, PhD, RN, FAAN – Joint Commission Resources

Susan Greene – System Interim Director of Managed Care

Helen Haynes – System Associate General Counsel

Kristine Mueller – Cermak Health Services of Cook County

Michael Puisis, MD – Cermak Health Services of Cook County

Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer

Elizabeth Reidy – System General Counsel

Deborah Santana – Secretary to the Board

Carol Schneider – System Chief Operating Officer

II. Public Speakers

Chairman Carvalho asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speakers:

1. Michael Newman Associate Director, AFSCME Council 31 (written testimony included – Attachment #1)
2. George Blakemore Concerned Citizen

III. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, October 26, 2012

Director Golden, seconded by Director Michael, moved the approval of the minutes of the Board of Directors Meeting of October 26, 2012. THE MOTION CARRIED UNANIMOUSLY.

B. Minutes of the Quality and Patient Safety Committee Meeting, November 13, 2012

During the presentation of the minutes, Director Michael referenced the subject of the development of the 2013 Quality Plan and Dashboard; from his perspective, the purpose of the dashboard is to focus the entire organization on two or three “big dot” items, for which the Board feels improvement from a quality and patient standpoint is needed in the System in the coming year.

Director Michael stated that there has been some discussion on a number of subjects that could be the “big dot” items for inclusion in the Dashboard; those subjects include the reduction of hospital acquired conditions, improvement in patient satisfaction, and the reduction in thirty day readmissions. The Committee is not yet prepared to make a recommendation on the adoption of one or all of them. He requested that the Board Members provide their input on other “big dot” items that could be included in the Dashboard, along with any comments on the three that have been referenced. Additionally, he welcomed any comments on the subject from the medical and nursing staff, and from the community in general. He noted that the Committee plans to propose the adoption of a new Quality Plan along with the Dashboard; the Quality Plan will detail the strategies and tactics that will be used to achieve the improvements that are targeted in the Dashboard. The Dashboard will be reported on a monthly basis, both at the Quality and Patient Safety Committee Meeting and to the full Board.

The Board discussed another subject that was discussed at the Quality and Patient Safety Committee Meeting, regarding the citation from The Joint Commission relating to auditing medical records. When a medical record is delinquent, it has surpassed its threshold of usually thirty days after discharge without a signature. Chairman Carvalho inquired whether the Department Chairs are made to be accountable for the late records for the physicians within their departments. Dr. Claudia Fegan, Chief Medical Officer of John H. Stroger, Jr. Hospital of Cook County, responded that the Department Chairs are responsible for holding their members responsible for delinquent medical records. She noted that most of the delinquent records at this time are several years old and are manual charts; staff is trying to clean up some back data. There are not as many delinquencies with recent charts, as there has been a focus on the need to sign charts because of its necessity for billing purposes.

Director Michael, seconded by Director Muñoz, moved the approval of the minutes of the Quality and Patient Safety Meeting of November 13, 2012. THE MOTION CARRIED UNANIMOUSLY.

III. Board and Committee Reports (continued)

C. Minutes of the Finance Committee Meeting, November 16, 2012

Chairman Carvalho noted that the Rules of the Board allow him to appoint non-Director persons to participate as non-voting members of Committees; pursuant to that authority, he has appointed Mr. Donald Oder to the Finance Committee. Chairman Carvalho introduced and welcomed Mr. Oder, who was present at this Board meeting.

During the presentation of the minutes, Director Golden indicated that there was a discussion at the Finance Committee Meeting regarding enrollment activities relating to the CareLink Policy and the Board's expectations. She noted that the Board will need to discuss the subject further, as it relates to mandatory versus voluntary enrollment, process, and expectations. Chairman Carvalho added that, similar to the topics discussed at the Quality and Patient Safety Committee Meeting, the Finance Committee also discussed how this subject interplays with the System's mission and how the System's mission is implemented, with respect to those who reside outside of Cook County and who seek care at the System.

Director Michael, seconded by Director Golden, moved the approval of the minutes of the Finance Committee Meeting of November 16, 2012. THE MOTION CARRIED.

Chairman Carvalho voted PRESENT on request numbers 1 through 7, under the Contracts and Procurement Items contained within the Minutes.

Director Michael re-stated his abstention and PRESENT vote on request number 16, under the Contracts and Procurement Items contained within the Minutes.

D. Minutes of the Human Resources Committee Meeting, November 16, 2012

During the presentation of the minutes, the subject of nurse staffing was discussed. Director Muñoz requested that the Board receive information that provides further detail on the System's accomplishments over the last year in the hiring of nurses. Director Golden indicated that information was provided at the Human Resources Committee Meeting regarding the current status of nurse hiring; she stated that information from this date last year can be provided for purposes of comparison¹.

Director Golden, seconded by Director Muñoz, moved the approval of the minutes of the Human Resources Committee Meeting of November 16, 2012. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items

A. Proposed Appointment of Julio Rodriguez to the CORE Foundation Board (Attachment #2)

Director Muñoz, seconded by Director Golden, moved the approval of the proposed Appointment of Julio Rodriguez to the CORE Foundation Board. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

B. Contracts and Procurement Items (Attachment #3)

Gina Besenhofer, System Director of Supply Chain Management, presented the requests for the Board's consideration.

Dr. Ram Raju, Chief Executive Officer, provided additional information regarding the requests. He addressed the comments that were made by Mr. Newman, representing AFSCME Council 31, during the presentation of public testimony (written comments included as Attachment #1), regarding the three requests. Dr. Raju indicated that it was an oversight on the System's part by not giving adequate notice to the unions regarding the proposed contracts for temporary staffing. In the past, he stated that the administration has asked its union partners to collaborate with the System, and they have been very receptive.

Dr. Raju stated that the System is doing a much better job at billing and collection, but it is not where it needs to be. According to last year's budget, the System was supposed to collect \$42 million on the outpatient side in billing and collection; because of the sheer volume and the number of coders available, the System could only collect \$17 million. He noted that the System has used most of its in-house coders to do inpatient work, because that is where most of the dollars are; therefore, the outpatient side continues to be an issue. It has always been his intention to bring this function in-house; this means that the coders have to be all trained and they have to pass the qualifying examination. Regular management labor council meetings are held; these types of matters are addressed at those meetings. The administration will work with the union partners to figure out a plan within sixty days of how to move this upward to the next level.

With regard to the other two contractual requests, Dr. Raju stated that the System has to staff up very quickly for the Section 1115 Waiver Demonstration Project and other critical areas. The total full-time equivalent employees (FTEs) to be added this year are over 900. The System plans to bring the first 500 FTEs into the System in a very short time period; following that, there will be another 400 positions to be filled in the remaining months of 2013. The administration will work very hard to make sure that all of the FTE positions that are budgeted for 2013 are filled. Dr. Raju added that the requests for temporary workers are vital because the System cannot fall back on its collection process.

With regard to request number 1, Chairman Carvalho noted that there is a thirty day cancellation clause in the contract; although this is a three year contract, if the System is able to develop the expertise in-house before the end of the contract, the System can cancel the contract. Dr. Raju concurred. He stated that the contracts for all three requests have the thirty day cancellation clause, and added that the expenditures under the contracts will be for services on an as-needed basis – the total contract spend for the requests will depend on how quickly the System can get these services in-house.

Chairman Carvalho noted that when he first started on the System Board, he knew that the quality of coding was a big issue for the System; since 2008, there has been a concerted effort to address this issue. He stated that there was an assessment of the issue four years ago – the conclusion was that almost none of the Stroger Hospital coders were certified, productivity was 40% of industry standards, and accuracy had an equally dismal number. The administration has worked to get people trained, and it has been reported to the Board that the percentage of coders who are certified is much higher than it was; however, he asked whether information can be provided on whether the productivity is meeting industry standards, and regarding the quality of the coding.

IV. Action Items

B. Contracts and Procurement Items (continued)

Chairman Carvalho noted that the System used to bill Medicaid on a day rate basis; this meant that, without regard to diagnosis, the System got paid the same amount – so while an institution would want the coding to be top-notch, the consequence of something being mis-coded was not a matter of fraud and abuse, as the institution got paid the same amount, regardless. The System is now moving away from that, so the quality of the coding is essential. He stated that he is in support of whatever is needed to get the quality and output of coding that is required. In response to Chairman Carvalho's request for further information on the subject, Dr. Raju stated that he will work to get the productivity report on coding as soon as possible².

Director Golden noted that these three requests relate to human capital. She stated that there needs to be a bridge where these types of items are also discussed by the Human Resources Committee. The Human Resources Committee reviews information on hiring that is being done for permanent staff, but it also needs to be able to review and discuss contracts for outside staffing, from a big picture perspective. Chairman Carvalho noted that the Finance and Human Resources Committees typically meet on the same day; he stated that in the future, if there are requests presented to the Finance Committee that relate to a Human Resources topic, it would be a good idea to also have it discussed in the Human Resources Committee.

Director Michael stated that he would like to see a month-by-month or quarter-by-quarter plan for filling permanent positions as a transition from each of these contracts – knowing the timing of that is critical. Dr. Raju stated that the issue is that the administration is trying to structure a system that is not adequately staffed, while also taking on new initiatives in the System. He will try his best to bring this information in as a part of this. Within the next three or four months, he cannot afford to look at anything else other than the critical projects, including the 1115 Waiver Demonstration Project staffing and implementation, Stroger Hospital's Joint Commission corrections, and Cermak Health Services staffing. Chairman Carvalho stated that the Board needs to recognize that and give Dr. Raju their support, because the three priorities have to get done, and be done in a timeline for which there is no precedent in the System.

Vice Chairman Ramirez stated that the former Chief Executive Officer had an agreement that worked with at least one of the unions involved to get bodies in to do coding. He noted there are labor folks who are willing to help be part of the solution to the problem, but the timing is critical.

Director Michael noted that there was a comment in request numbers 2 and 3 that read “ [we] require temporary manpower to work outpatient accounts that are not being effectively worked by outside vendor.” He inquired further regarding this comment. John Cookinham, System Chief Financial Officer, responded that there has always been a focus on inpatient accounts, and not enough staff to effectively take care of outpatient accounts. As early as 2007, the System outsourced the initial preparation of outpatient bills to a vendor. Another contract was put in place with another vendor to do the follow-up activity for those accounts that remain unpaid. Dr. Raju stated that once the initial bills get rejected, the System has one or two options - either it can use the initial billing vendor to do it again, or if it wants to use that vendor to concentrate on the initial billing, it can use a different vendor to do the follow-up, in order for the System to collect as much as possible.

Director Michael inquired regarding the estimate of the fiscal impact on collections that these requests represent. Mr. Cookinham responded that he can provide an estimate of this amount³.

IV. Action Items

B. Contracts and Procurement Items (continued)

Chairman Carvalho noted that a casual read of the language on the transmittal would suggest that the current vendor is not doing a very good job, so therefore the System is adding another vendor – only through conversation, it was learned that the administration directed the vendor to focus on one thing; now it has been decided that the best way of focusing on the follow-up is to get a second vendor who focuses on that. He asked the administration to keep in mind when preparing these documents, that these are public documents that are provided to a Board who has no other information than what is provided on the transmittal.

Director Golden, seconded by Director Michael, moved the approval of request numbers 1 through 3, under the Contracts and Procurement Items. THE MOTION CARRIED UNANIMOUSLY.

C. Proposed Resolution – in recognition of Dr. Michael Puisis, upon his retirement from the System (Attachment #4)

Chairman Carvalho read the proposed Resolution into the record; Dr. Puisis was congratulated and thanked for his years of leadership.

Vice Chairman Ramirez, seconded by Director Muñoz, moved the approval of the Proposed Resolution in recognition of Dr. Michael Puisis. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections III, IV and VII

V. Report from Chairman of the Board

At this time, the Board recessed the regular session, in order to convene and recess closed session to the call of the Chair. Following Chairman Carvalho's recess of closed session, the Board reconvened its regular session and continued to receive information on Items V and VI.

A. Board Education

• Overview of The Joint Commission (TJC) Accreditation process

Carol Schneider, System Chief Operating Officer, introduced the item and provided a brief background. She stated that in September, in preparation for the upcoming survey by TJC, the System retained Joint Commission Resources to do a robust mock survey. Representatives from Joint Commission Resources coordinated the mock survey around the chapters of TJC's standards. Surveyors from TJC arrived for the unannounced survey in the last week of October.

V. Report from Chairman of the Board

• Board Education - Overview of The Joint Commission (TJC) Accreditation process (continued)

Dr. Roberta Fruth, from Joint Commission Resources, provided an overview of TJC Accreditation process. The information that was presented focused upon the following two subjects relating to the Leadership Chapter: 1) how TJC accreditation relates to the Centers for Medicare and Medicaid Services (CMS); and 2) the role of the Board in terms of TJC accreditation, patient safety and quality of care.

Ms. Fruth provided a brief review of TJC's history. With the passage of the Medicare legislation in 1965, TJC took on a new role and was given what is called "deeming status" by the Federal government. To be approved as a deeming authority, an accrediting organization must demonstrate that its program meets or exceeds the Medicare requirements for which they are seeking the authority to deem compliant. When Medicare and Medicaid came into existence, the Federal government reviewed the situation and determined that there needed to be some level of quality in the services for which it was paying, so it partnered with TJC, as it had been in existence for a while, and was focusing on quality and safety. The Federal government determined that if an organization is accredited by TJC, then CMS will recognize the organization for reimbursement. Accreditation by TJC was no longer voluntary; rather, this was an important step if an organization wanted to be recognized by the Federal government for this reimbursement structure.

Until 2008, TJC never had to re-apply to CMS for deeming status; in 2008, the government changed that ruling, and now TJC has to re-apply for deeming status every five years. What that ruling did was change the relationship between TJC and CMS - now CMS and TJC are much closer partners in terms of looking at the standards around health care.

The CMS standards are referred to as Conditions of Participation. TJC standards align with the Conditions of Participation, although they are not exactly the same terms. For example, a Condition of Participation will say something to the effect that blood and blood byproducts have to be safely administered; however, TJC has four or five standards that relate to that one Condition of Participation.

Dr. Fruth stated that CMS sometimes perform their own surveys through state health inspectors. Part of the relationship with TJC is that CMS comes in after about 3% of TJC surveys per year, to validate and confirm the findings from the survey by TJC. CMS can also do other surveys, as well. They follow up on patient, staff and employee complaints. An increase in these types of surveys nationwide has been seen in recent years, in terms of patient complaints.

With regard to the role of the Board in leading the organization to ensure patient safety and quality of care, Dr. Fruth noted that there were a couple of subjects discussed earlier in this meeting, in particular the Quality Dashboard, that are exactly the types of subjects that TJC would recommend for discussion, in terms of the activity of the leaders of the organization. According to TJC's perspective, the leaders of an organization are the governance board, senior management, and the organized medical staff, working together to ensure safety and quality. In fact, TJC has a specific standard that says that the governing board is ultimately accountable for the safety and quality of care, treatment and services.

Dr. Fruth noted that in the Board's earlier conversation relating to the Quality Dashboard, one of the topics that is currently being considered for inclusion in the Dashboard relates to the thirty day readmission rate. CMS has indicated that it will be looking at these data; for those organizations that have a high readmission rate within thirty days of discharge, CMS will need to review the reimbursement structure to determine the amount the organization is going to get paid in those situations.

V. Report from Chairman of the Board

• Board Education - Overview of The Joint Commission (TJC) Accreditation process (continued)

This oversight of quality and safety also involves implementing changes to improve performance of the hospital in this area of safety. Although the System will be using a Quality Dashboard, Dr. Fruth noted that it was also mentioned that the System is going to look at a new Quality Plan; this would tie into this whole idea of not just looking at the numbers, but trying to make changes as they come forward.

Dr. Fruth stated that TJC has a standard included in the Leadership Chapter that the governing board has oversight in contracts; however, this not only refers to the fiscal elements of the contracts, it refers to the quality indicators in those contracts. One type of contract reviewed on a regular basis is dialysis contracts. Some questions that would be addressed in the review of this type of contract are: What are the qualifications of the staff that the dialysis company is bringing in? How is the staff trained? Is the staff going to follow the standards established by the hospital in terms of patient safety? Is the company taking care of its equipment appropriately? Are they following good infection prevention practices?

The governing board has the ultimate oversight, authority and responsibility for the oversight and the delivery of health care provided by its licensed independent practitioners or physicians, as well as the other practitioners credentialed and privileged through the medical staff process. The organized medical staff has the oversight role of looking at what is the practice level of the organization's licensed independent practitioners (LIPs), as well as other individuals who are credentialed and privileged. A few years ago, TJC changed its standard for the medical staff. The medical staff standard had said that the organized medical staff has oversight of the practice of LIPs; TJC changed the standard to say that the organized medical staff has leadership and oversight of the practice of LIPs. With that change, TJC is saying that the organized medical staff are the leaders of patient safety and quality.

With regard to credentialing, privileging and re-privileging, the TJC standard states that the governing board has the final oversight of the activities of its licensed independent practitioners. Very recently, TJC introduced what they call Ongoing Professional Practice Evaluations (OPPEs) and Focused Professional Practice Evaluations (FPPEs). Many might consider this a form of peer review. Questions should be addressed as to how physicians look within their own divisions/departments in their own way, to what is quality care, and what are those indicators. One would expect those physicians to identify the appropriate indicators for specialties.

Dr. Fruth noted that TJC has a National Patient Safety Goal relating to reducing occurrences of wrong-site surgery. Staff that are involved or participating in a surgical procedure are expected to do a "time-out" right before the procedure is started. The patient is on the operating room table, and everybody in the room has to stop, come together and say, "this is Mary Jones. I have a consent for a left knee replacement. She has no allergies..." and go through a very short list of specifics relating to the patient and the procedure - everybody in the room has to agree. From Dr. Fruth's perspective, this is not a complex concept - it requires no new technology, takes less than a minute, nothing needs to be done differently - but for some reason, there is still a fair amount of this type of finding of non-compliance with "time-outs" in the survey process. Typically, if there is a finding that time-outs are not being done by a particular department, the reason tends to be because one of the parties (nursing/technicians/physicians) involved does not think it is important. With this example, Dr. Fruth posed the question - at what point does the governing board recognize this as a patient safety issue?

Ms Fruth concluded by stating that there are quite a few other standards in the Leadership Chapter that she hopes the Board will have the chance to review and discuss. TJC has really recognized that the leaders are the individuals who must provide the support for patient safety and quality.

V. Report from Chairman of the Board

• **Section 1115 Waiver Implementation/CountyCare** (Attachment #5)

Susan Greene, System Interim Director of Managed Care, presented an overview of the Section 1115 Waiver Implementation/CountyCare. Information reviewed in the presentation included the following subjects: Overview – Office of Managed Care; Eligibility; Covered Services; CountyCare Network; Infrastructure; Enrollment/Documentation; Clinical Transformation – Patient Centered Medical Home sites; Reimbursement and Information Technology; Measuring and Rewarding Quality; and 1115 Demonstration Evaluation. The Board reviewed and discussed the information.

Director Michael noted that the information indicated that the State must propose quality measures that will be used to evaluate the effectiveness of the Patient Centered Medical Home sites. He inquired whether there is a timetable for the State to propose those quality measures. Ms. Greene responded affirmatively; she stated that this information will be included in the Terms and Conditions section of the agreement with the State. Chairman Carvalho indicated that the Quality and Patient Safety Committee should receive information on this subject.

During the discussion of enrollment and possible ways to incentivize patients to enroll in CountyCare, Chairman Carvalho encouraged the administration to bring any proposed recommendations to increase enrollment or incentivize patients to the Board, so that the Board can discuss and provide input.

VI. Report from Chief Executive Officer (Attachment #6)

This item was taken out of order, and followed the presentation on The Joint Commission Accreditation process.

Dr. Raju provided an update on the following subjects: FY2013 Budget Process; Public Health Update; and CAP and AABB inspection of Stroger Hospital Laboratory. The Board reviewed and discussed the information.

Dr. Raju's report included the recognition of the following events/individuals/subjects:

- AIDS Foundation of Chicago Impact Award
- Martha Webb, Stroger Hospital

Chairman Carvalho stated that one of the topics that has come up at recent meetings of the Board, Finance Committee, and Quality and Patient Safety Committee is the subject of how, as the System moves forward with the Section 1115 Waiver Demonstration Project, and as the System adjusts to some of the changes in State law with respect to the obligations of all providers, including the System, to provide the care that they either are required to provide or choose to provide to those who are under 200% of poverty, that they provide it for free. The implication of that statute to most hospitals is not significantly different than their status quo, because most hospitals are only providing charity care for those who are in an emergent situation coming into their emergency room; services that are elective are typically not provided.

Most hospitals have a charity care policy that provides care for free for persons under 200% of poverty. However, the System is different, in that it has historically provided care to everyone without regard to whether they are a Cook County resident – for those who are not a Cook County resident, they're not eligible for the System's Limits of Liability or CareLink Policies; for these patients, they are sent bills, but those bills have generally turned into bad debt.

VI. Report from Chief Executive Officer (continued)

Chairman Carvalho stated that the Board really needs to address this as a System; he has asked Dr. Raju to give some thought to the process for doing that. The mission and the practice of the System was not determined by a board somewhere adopting a resolution and then moving forward; rather, it was adopted by engaging all of the stakeholders of the System. So a change to that will require a process of working with all of the stakeholders, as well as the Board.

Dr. Raju stated that he and his staff will work on this matter and will come back to the Board with a proposed plan. He stated that some of the issues that have been percolating over time relate to the following questions: how many patients who reside outside of Cook County receive care at the System, and what is the total impact? Is the System allowed to send bills to other counties for services provided to their residents?

An analysis was done that reflected that approximately 7% of the System's patients are coming from outside of Cook County; it was estimated that the total cost of care was approximately \$24 million per year. With regard to sending other counties the bills for care provided for their residents, it was determined that the System is not allowed to do that, as it has no statutory authority to do so.

With regard to the changes in State law that require that medically necessary care be provided for free if the individual has an income of 200% under poverty, Dr. Raju stated that clarification is needed on the term "medically necessary care." If it is determined that the System is only going to provide emergency care for the residents of Illinois who live outside of Cook County, then the question is what that service should look like. He and his staff will work out those questions and return with a plan.

Director Michael inquired as to the extent that the System requires patients to cooperate with the System to determine eligibility for covered services (Medicaid, CareLink, etc.), as this is critical to the sustainability to the System. Chairman Carvalho agreed that this should be addressed; he requested that Dr. Raju and his staff review that subject.

Additionally, Chairman Carvalho stated that while other hospitals are not required to provide care beyond emergency care, they do often refer people to the System. For example, they provide the emergency care, and direct the patient to the System for follow-up care. If that follow-up care is not medically required or if it is not emergency care, the administration may want to be in dialogue with other hospitals about its unwillingness to be alone in this position. Dr. Raju agreed; he stated that he embarked on a charity care debate in his first year at the System, because he felt that the System gives a disproportionate amount of charity care compared to any other hospital system here. Over many years it has become a practice to send uninsured patients to the System for care. He stated that Chairman Carvalho has asked him to provide an update at some point on the direction in which the System is going, and regarding the vision of the System. He noted that one of the pro-bono consultants is assisting with a strategy regarding the uninsured; he added that he is having conversations with multiple stakeholders regarding that subject.

Director Michael noted recent comments made during the provision of public testimony regarding the impact of closing Oak Forest Hospital; he stated that it would be helpful at some point, whether it is at a Quality and Patient Safety Committee Meeting or Board Meeting, to receive an assessment of that action⁴. How did that go, what was the impact on patients, did other hospitals in the area pick up the slack? It could be informative of some of the issues in terms of the broader mission of the System. Chairman Carvalho added that it would be useful to parse it out. Oak Forest Hospital had never been intended to serve as a true emergency room, but as an inpatient service to long term care residents of Oak Forest. As it evolved, its standby emergency room became a point of entry to the primary and specialty care services of the System. By converting the hospital to a health center with urgent care services, the System Board aligned its licensing designation with its true role. True emergencies, however,

VI. Report from Chief Executive Officer (continued)

belong in a true emergency room and this is the obligation of surrounding hospitals. Dr. Raju noted that he will be providing an update to the Illinois Health Facilities and Services Review Board on the subject in the near future; in addition, he indicated that it is time to take another look at the System's Strategic Plan.

VII. Closed Session Items

A. Claims and Litigation

Director Muñoz, seconded by Director Michael, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(11), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," and 5 ILCS 120/2(c)(12), regarding "the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member."

On the motion to recess the regular session and convene into closed session, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Carvalho, Vice Chairman Ramirez and Directors Golden, Michael, Muñoz and Wiese (6)

Nays: None (0)

Absent: Directors Butler, Morris, O'Donnell and Velasquez (4)

THE MOTION CARRIED UNANIMOUSLY.

Chairman Carvalho recessed the closed session to the call of the Chair, in order for the Board to conclude receiving information on Items V and VI; following that activity, Chairman Carvalho reconvened the recessed closed session.

Chairman Carvalho declared that the closed session was adjourned. The Board reconvened into regular session.

VIII. Adjourn

As the agenda was exhausted, Chairman Carvalho declared the MEETING ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
David Carvalho, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

¹ Follow-up: Regarding information on hiring of nurses – information for comparison to last year to be provided. Page 3.

² Follow-up: Coding Productivity Report to be provided. Page 5.

³ Follow-up: information to be provided on the estimate of the fiscal impact on collections that the requests under Item IV(B) represent. Page 5.

⁴ Follow-up: Report to be received in the near future, at a Board of Directors Meeting or a Quality and Patient Safety Committee Meeting, regarding an assessment of the impact of closing Oak Forest Hospital (see page 10 of the Minutes for further details relating to the request). Page 10.

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
November 29, 2012

ATTACHMENT #1



Statement of Michael Newman, Associate Director, AFSCME Council 31
before the
Cook County Health and Hospitals System Board
November 29, 2012

We are deeply concerned about the three contracts that are being considered by the Board this morning. Our concerns relate to the clear violation of the terms of our collective bargaining agreement, and the impact of the contracting out on our members. AFSCME and other unions have been engaged in extensive discussions with management over ways to forge a new model for a labor-management partnership. We are very concerned about the impact of these contracts on the partnership that is so vital for the success of the waiver, and to the transformation of the Cook County Health and Hospitals Systems (CCHHS) into Patient Centered Medical Homes.

All three of these contracts are for work currently performed by the members of AFSCME Council 31. Our collective bargaining agreement requires the Health and Hospitals System to provide notice in advance of taking actions to privatize bargaining unit work. We were not notified about the need for additional staff to perform this work, and we were not notified about the decision to contract the work out. Instead of receiving the contractually mandated notice, we were surprised and disturbed to learn about this contracting out through an email announcing this meeting.

Earlier this year, when management approached us about contracting out some urgently needed work in the pharmacy department, we were more than willing to make arrangements that were mutually beneficial to both the hospital system and our members. We waived the required notice and agreed to a memorandum that allowed the contract to go forward. We recently cooperated with the administration to effectuate the consolidation of the Central Business Office at Oak Forest Hospital. Several years ago when the coding process required an upgraded staff skill level, we worked out a process to train employees in-house to meet the needs of the hospital and provide upward mobility for our members.

We have put forth a plan to expand this program to train more coders in-house – the very positions that are being privatized under this contract – but thus far the CHHSS administration has not acted on the proposal.

We recognize the need to “staff up” quickly to meet the demands of the new waiver process. We worked with management to secure the waiver and are cooperating in many ways to ensure that it will be successfully implemented.

But these are not short-term contracts. Given the length of these contracts, there is no indication that there will be any effort to train our members and to bring this work in-house despite the fact that doing so would be the least expensive and most efficient option in the long run.

Based upon the commitment Dr. Raju has expressed to work cooperatively toward our mutual goals concerning the transformation of the Health and Hospitals System, we are not suggesting that it was his intent to circumvent our collective bargaining agreement or to take steps that would negatively impact on dedicated employees. But these contracts should not have gotten to this stage, however, without first working through issues with the union. It is our hope that we will be able address the serious issues concerning these contracts in short order, and to work out a solution that meets the needs of both the employees and the Health and Hospitals System.

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
November 29, 2012

ATTACHMENT #2



OFFICE OF THE PRESIDENT
BOARD OF COMMISSIONERS OF COOK COUNTY
118 NORTH CLARK STREET
CHICAGO, ILLINOIS 60602
(312) 603-6400
TDD (312) 603-5255

TONI PRECKWINKLE
PRESIDENT

October 19, 2012

Honorable Members of the Cook County
Health and Hospitals System Board
1900 West Polk Street, Suite 220
Chicago, Illinois 60612

Re: New Appointment – CORE Foundation Board

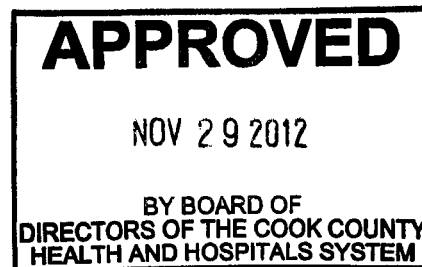
Dear Commissioners:

Please be advised that I hereby appoint Julio Rodriguez to the CORE Foundation Board for a term to begin immediately and to expire on December 31, 2014. Mr. Rodriguez will fill the vacancy of Lucy Aquino.

I submit this communication for your approval.

Very truly yours,

Toni Preckwinkle
President



Cook County Health and Hospitals System
Board of Directors Meeting Minutes
November 29, 2012

ATTACHMENT #3

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM IV(B)
NOVEMBER 29, 2012 BOARD OF DIRECTORS MEETING
CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
Execute Contracts					
1	Professional Dynamic Network (PDN)	Service - contracted medical records coding staffing	\$1,000,000.00	System	2
2	The Washington Group	Service - temporary staffing for a Central Business Office	\$800,000.00	System	3
3	Ajilon Professional Staffing	Service - temporary staffing for a Central Business Office	\$800,000.00	System	4

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Natasha Lafayette-Jones, System Director Health Information Mgmt., CCHHS		EXECUTIVE SPONSOR: John Cookinham, System Chief Financial Officer, CCHHS	
DATE: 10/04/2012		PRODUCT / SERVICE: Service - Contracted Medical Records Coding Staffing	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Professional Dynamic Network (PDN), Olympia Fields, IL	
ACCOUNT: 890-260 CCHHS	FISCAL IMPACT: \$1,000,000.00	GRANT AWARD/RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 12/01/2012 thru 11/30/2015		CONTRACT NUMBER: H12-25-083	
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: RFP			
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: N/A			

PRIOR CONTRACT HISTORY:
Contract number H10-25-0094 was approved by the Cook County Health and Hospitals System Board on July 29, 2010 in the amount of \$54,000.00 for a period of 18 months from 07/27/2010 thru 11/26/2011. PDN has held previous contracts for such services during FY 2000 through FY 2009. This vendor was contracted to provide assistance for coding patient records in an effort to increase the cash flow as a stop gap to the ever growing amount of patients discharged but not final billed.

NEW PROPOSAL JUSTIFICATION:
Professional Dynamic Network provides staffing to complete coding and maintain compliance of medical records with respect to timely filing requirements. Recruiting for medical records staff was to begin but the need was greater than expected and the recruitment process more challenging than anticipated. This service is necessary to continue to keep CCHHS billing more current.

TERMS OF REQUEST:
This request is to execute contract number H12-25-083 in the amount of \$1,000,000.00 for a 36 month period from 12/01/2012 thru 11/30/2015.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

ATTACHMENTS
BID TABULATIONS: N/A
CONTRACT COMPLIANCE MEMO: Yes

CCHHS COO: _____
Carol Schneider, System Chief Operating Officer

CCHHS CEO: _____
Ram Raju, M.D., Chief Executive Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
1

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

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Revised 03/01/2011

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TONI PRECKWINKLE

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EDWIN REYES	8th Dist.	JEFFREY R. TOBOLSKI	16th Dist.
		ELIZABETH "LIZ" DOODY GORMAN	17th Dist.



COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

October 31, 2012

Ms. Regina Besenhofer
System Director
Supply Chain Management
Cook County Health and Hospital System
1900 West Polk Street
Chicago, IL 60612

Re: Contract No. H12-25-083

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the Ordinance supporting a 25% MBE and 10% WBE goal.

Contractor:	Professional Dynamic Network, Inc.
Using Dept:	Hospital Information Services
Contract Amount:	\$1,000,000.00
Description:	Services – Outpatient Coding Services
Term:	36 months

MBE	Status	Percentage of participation
Professional Dynamic Network, Inc.	MBE(Cook County)	90% Direct
Davis Staffing	WBE(Cook County)	10% Direct

Sincerely,

Shannon E. Andrews
Contract Compliance Director

SEA/pgb

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Jamie McPeck-Johnson, System Director, Patient Financial Services, CCHHS		EXECUTIVE SPONSOR: John Cookinham, System Chief Financial Officer, CCHHS	
DATE: 10/11/2012		PRODUCT / SERVICE: Service - Temporary Staffing for Central Business Office	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: The Washington Group, Chicago, IL	
ACCOUNT: 890-260 CCHHS	FISCAL IMPACT: \$800,000.00	GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 12/01/2012 thru 11/30/2015		CONTRACT NUMBER: H12-25-086	
X	COMPETITIVE SELECTION METHODOLOGY: RFP		
	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

The Washington Group has no prior contract history for this service with the Cook county Health and Hospitals System..

NEW PROPOSAL JUSTIFICATION:

The revenue cycle is requesting dollars be set aside to hire temporary manpower to work down accounts receivable and accelerate cash flow. The fiscal budget has several line items that require immediate attention. Cash Acceleration (Medicare and Medicaid < 240 Days from Date-of-service) - over \$42,000,000.00 was budgeted for FY12 in this category. As of June 30, 2012, we have only collected approximately \$17,000,000.00. Patient Financial Services requires temporary manpower to work outpatient accounts that are not being effectively worked by outside vendor. This service is not currently being performed; it is anticipated that the quicker claims resolution will result in higher revenues and far fewer timely filing denials from payers. This is a split RFP award between Ajilon and the Washington Group.

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TERMS OF REQUEST:

This request is to execute contract number H12-25-086 in the amount of \$800,000 over the period 12/01/2012 thru 11/30/2015.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

ATTACHMENTS

BID TABULATIONS: N/A

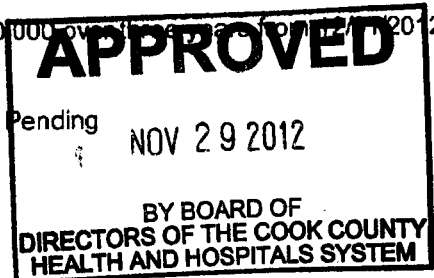
CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO:

Carol Schneider, System Chief Operating Officer

CCHHS CEO:

Ram Raju, M.D., Chief Executive Officer



Request #

2

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

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TONI PRECKWINKLE

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COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

November 15, 2012

Ms. Regina Besenhofer
System Director
Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, IL 60612

Re: Contract No. H12-25-086

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be compliant to the Ordinance supporting 25% Minority and 10% WBE participation.

Contractor:	The Washington Group, Ltd
User Department:	Finance, CCHHS
Increase Amount:	\$800,000.00
Description:	Service – Temporary Staffing for the Central Business Office
Term:	36 months

The Washington Group, Ltd provided documentation to support its good faith efforts by utilizing several female independent contractors who affirm their status as independents by executing notarized affidavits.

<u>MBE</u>	<u>Status</u>	<u>Percentage of Participation</u>
The Washington Group, Ltd.	MBE-6 (CMSDC)	100% Direct

Sincerely,

Shannon E. Andrews
Contract Compliance Director

SEA/pgb



Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Jamie McPeck-Johnson, System Director, Patient Financial Services, CCHHS		EXECUTIVE SPONSOR: John Cookinham, System Chief Financial Officer, CCHHS	
DATE: 10/11/2012		PRODUCT / SERVICE: Service - Temporary Staffing for Central Business Office	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Ajilon Professional Staffing, Olympia Fields, IL	
ACCOUNT: 890-260 CCHHS	FISCAL IMPACT: \$800,000.00	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 12/01/2012 thru 11/30/2015		CONTRACT NUMBER: H12-25-070	
X	COMPETITIVE SELECTION METHODOLOGY: RFP		
	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

Ajilon Professional Staffing has no prior contract history with Cook County Health and Hospitals System.

NEW PROPOSAL JUSTIFICATION:

The revenue cycle is requesting dollars be set aside to hire temporary manpower to work down accounts receivable and accelerate cash flow. The fiscal budget has several line items that require immediate attention. Cash Acceleration (Medicare and Medicaid < 240 Days from Date-of-service) - over \$42 million was budgeted for FY12 in this category. As of June 30, 2012, we have only collected approximately \$17 million. Patient Financial Services requires temporary manpower to work outpatient accounts that are not being effectively worked by outside vendor. This service is not currently being performed; it is anticipated that the quicker claims resolution will result in higher revenues and far fewer timely filing denials from payers. This is a split RFP award between Ajilon and the Washington Group.

TERMS OF REQUEST:

This request is to execute contract number H12-25-070 in the amount of \$800,000 over three years from 12/01/2012 thru 11/30/2015.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO:

Carol Schneider, System Chief Operating Officer

CCHHS CEO:

Ram Raju, M.D., Chief Executive Officer

APPROVED

NOV 29 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

3

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

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THE BOARD OF COMMISSIONERS
TONI PRECKWINKLE
PRESIDENT



COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

118 North Clark Street, Room 1020
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TEL (312) 603-5502
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		ELIZABETH "LIZ" DOODY GORMAN	17th Dist.

November 15, 2012

Ms. Regina Besenhofer
System Director
Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, IL 60612

Re: Contract No. H12-25-070

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be compliant to the Ordinance supporting 25% Minority and 10% WBE participation.

Contractor: Accounting Principles, Inc. d/b/a Ajilon Professional Staffing
User Department: Finance, CCHHS
Increase Amount: \$800,000.00
Description: Service – Temporary Staffing for the Central Business Office
Term: 36 months

Full WBE Waiver Granted:

<u>MBE</u>	<u>Status</u>	<u>Percentage of Participation</u>
Professional Dynamic Network, Inc.	MBE-6 (Cook County)	25% Direct

Sincerely,

Shannon E. Andrews
Contract Compliance Director

SEA/pgb



Cook County Health and Hospitals System
Board of Directors Meeting Minutes
November 29, 2012

ATTACHMENT #4

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM
BOARD OF DIRECTORS**

PROPOSED RESOLUTION

Sponsored by

**DAVID CARVALHO, CHAIR, JORGE RAMIREZ, VICE CHAIR,
THE HONORABLE JERRY BUTLER, QUIN R. GOLDEN, EDWARD L. MICHAEL,
REV CALVIN S. MORRIS, PhD, LUIS MUNOZ, M.D., HEATHER E. O'DONNELL,
CARMEN VELASQUEZ AND DORENE P. WIESE, EdD, DIRECTORS**

WHEREAS, Michael Puisis, D.O. began his medical career with the Cook County Health and Hospitals System as an Intern at Cermak Health Services facility located at the Cook County Department of Corrections after his graduation from the Chicago College of Osteopathic Medicine in Chicago, Illinois in 1982; and

WHEREAS, Dr. Puisis grew in his career, rising through the trenches, first as a Resident, then an Attending Physician, to eventually serving as Medical Director of Cermak Health Services until his departure in 1996; and

WHEREAS, after his initial work at Cermak, Dr. Puisis served as a Correctional Services Medical Director and a Consultant; he continued to be involved with organizations championing advocacy for the underserved and institutionalized; and strived consistently to improve the quality of care in correctional health care; and

WHEREAS, alone and with his peers Dr. Puisis drafted and published guidelines for the industry; he served as a court-appointed monitor expert in prison litigation; and was awarded the esteemed National Commission on Correctional Health Care's B. Jaye Anno Award of Excellence in Communication and Society of Correctional Physician's Armond Start Award of Excellence; and

WHEREAS, in 2006 through 2007 and again from 2009 through 2012, Dr. Puisis returned to Cermak Health Services to serve the residents of Cook County. He was charged with creating a plan to navigate Cermak's adherence to the Department of Justice's Agreed Order. In his capacity as the Chief Operating Officer for Cermak Health Services he spearheaded various innovative initiatives including an automated medication delivery system, a functional access to care program, and a true electronic medical record; and

WHEREAS, on November 30, 2012, Dr. Michael Puisis is retiring from Cook County service, having worked in the field of Correctional Health for over 30 years. His vision of correctional health care as a vital link in the public health system was embodied in his leadership of Cermak Health Services and will well outlast the time he spent with the Cook County Health and Hospitals System.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Cook County Health and Hospitals System, on behalf of the more than five million residents of Cook County served by the System, does hereby gratefully acknowledge Dr. Michael Puisis for his extraordinary abilities, outstanding leadership and unwavering commitment to the underserved and institutionalized, and access to quality medical care. We wish him the best of luck in his future endeavors.

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
November 29, 2012

ATTACHMENT #5



CountyCare – CCHHS Board Update

November 29, 2012

Outline



- Overview- Office of Managed Care (OMC)
- Eligibility
- Covered Services
- CountyCare Network
- Infrastructure
- Enrollment/Documentation
- Clinical Transformation PCMH
- Reimbursement & IT
- Measuring and Rewarding Quality
- 1115 Demonstration Evaluation
- Q & A

Overview – OMC



- Responsibilities
 - Build Health Plan
 - MCO Agreements
 - Clinical Transformation
- Current Staffing
- Future Staffing

3

Eligibility



- Live in Cook County
- Be 19-64 years old
- Have income at or below 133% of the Federal Poverty Level (\$14,856 individual, \$20,123 couple - annually)
- Not be eligible for "state Plan" Medicaid (parent, pregnant, blind or receiving disability income)
- Not be eligible for Medicare
- Be a legal immigrant for five years or more or a US citizen
- Have a Social Security number or have applied for one

Note: No asset test.

Note: Although most persons who have been adjudicated as disabled for SSI, SSDI purposes are ineligible, those with income above Medicaid levels (100-133% FPL) and those with assets above Medicaid levels can enroll in CountyCare

4

Covered Services



Services

- | | |
|---|---|
| <ul style="list-style-type: none"> • Hospital emergency room visits • Hospital inpatient services • Hospital ambulatory services • Nursing Facility Services (30 days) (covers post-hospitalization nursing home stays) • Physician services • Advanced Practice Nurse services • Laboratory and x-ray services • Prescription Drugs • Family planning services and supplies • Podiatric Services (for diabetics) • EPSDT (for 19-21 year olds) • Emergency Services (includes post-stabilization services) | <ul style="list-style-type: none"> • Sub-acute alcoholism and substance use disorder services • Mental Health Services (including rehabilitation and clinic option) • Medical supplies, equipment, prostheses and orthoses, and respiratory equipment and supplies • Home health agency visits • Hospice (and palliative) • Physical, Occupational, Hearing and Speech Therapy Services • Transportation - to secure Covered Services • Dental (for 19-21 yrs only) • Targeted Case Management • FQHCs, RHCs and other Encounter rate clinic visits |
|---|---|

5

CountyCare Network



- Patient Centered Medical Home sites (PCMH)
- Pharmacy Benefit Manager
- Behavioral Health Manager
- Additional RFQ will be issued to expand participation of providers that serve this population and will include specialty, ancillary and hospital based services that CCHHS doesn't offer and to supplement access.

6

Administrative Infrastructure



- Waiver subject to certain MCO regulations
- AHS-CEA Division of Responsibilities
 - Enrollment
 - AHS, CEA, FQHCs, CCHHS
 - Call Centers, Member Services, Provider Relations, Webpage & portals, Claims, Referral Tracking, Utilization Management
 - AHS
 - Network Development, Manage PBM & BHM
 - CCHHS
 - Manage Monthly Reconciliation, Track Costs, Reporting
 - CCHHS & AHS
- MHN Connect

7

Methods to Enroll



- Two steps to apply
 - Provide verbal answers to application questions
 - Submit verification documents
- Four methods to apply
 - In person - with CCHHS Application Assistance staff located at all CCHHS facilities (ACHN and inpatient)
 - In person – with staff at CountyCare FQHCs
 - By phone – call CountyCare
 - Hours M-F 8-8, Sat 9-2
 - 312-864-8200 or 1-855-444-1661
 - By mail – submit written answers for application questions and verification documents to CCHHS Application Assistance staff
 - FQHC Enrollment
- Status of DHS/OnPoint

8

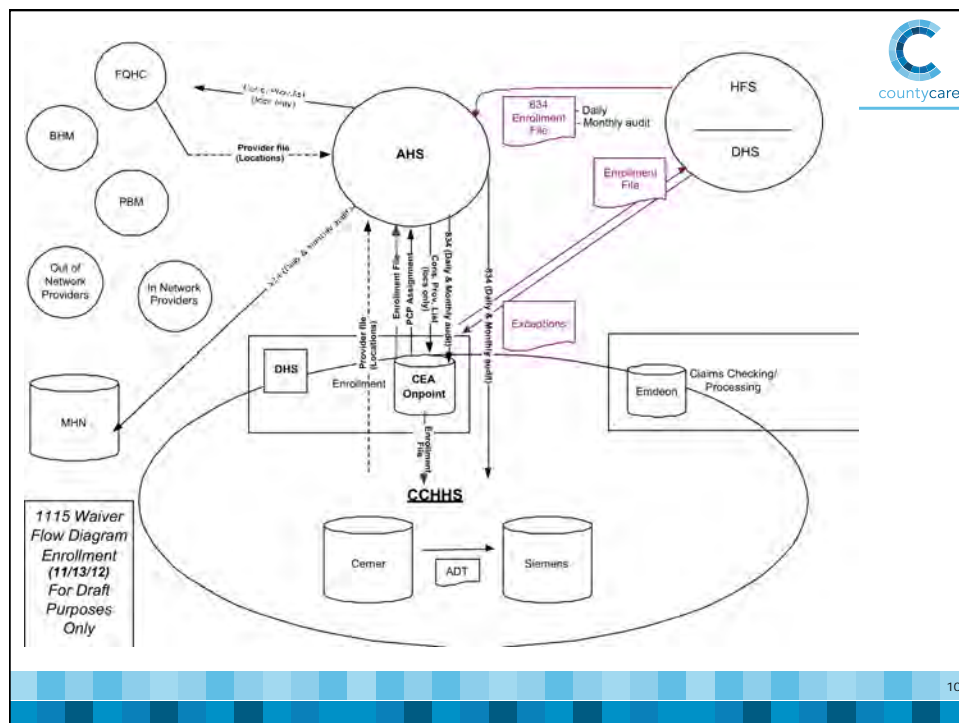
Required Documents



Consistent with Medicaid requirements,

- Identity – driver's license, state id card, birth certificate, work id, school id card, US military card, etc.
- Citizenship – birth certificate, military record of service, hospital record of birth on hospital letterhead, medical records, written affidavits (as a last resort); or immigration status – certificate of naturalization, certificate of citizenship, arrival-departure record, naturalization papers, permanent resident card, etc.
- Address in Cook County –current lease agreement, rent receipt, mortgage receipt, utility bill, letter from local shelter
- Income – from employment and all other sources – pay stubs, monthly statements,
- Optional - for those wishing to take advantage of income deductions – proof of child or spousal support paid or proof of payments for care of a child or disabled adult
- Optional - for those without an SSN, proof of application for an SSN
- A signed attestation page

9



10

More on Enrollment



- Priority Enrollment/PCMH Selection
- Member Incentives
- Challenges

11

Relationship to CareLink



- CountyCare has sparked review of CareLink P&P
- What happens during screening
- What happens if denied CountyCare
- Differences in requirements

12

Clinical Transformation PCMH



- PCMH roll out over 2013
 - Vista (Palatine), Logan Sq, GMC, Englewood, OFHC
- PCMH trainings
 - 5 sites
 - 44 PCPs
 - 60 add'l staff
 - Webinar-based module for RN/LPNs care mgmt
 - 1 day monthly session for new staff "Orientation to PCMH"
- Hiring over 200 new staff including physicians

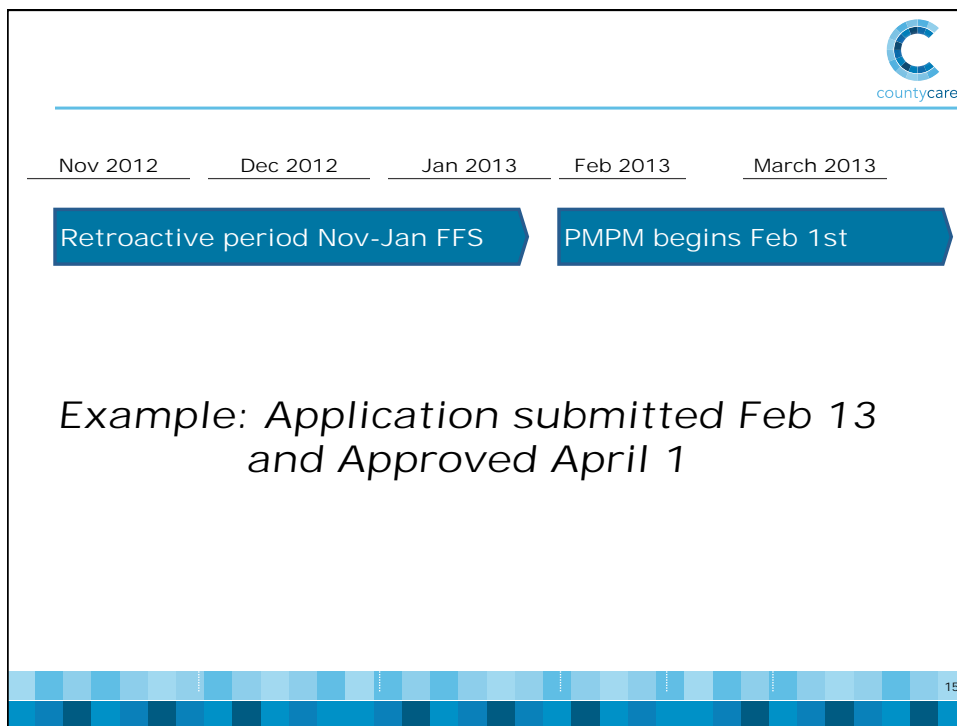
13

Reimbursement & IT



- 3 buckets of waiver revenue
 - PMPM
 - Retroactive
 - Admin Claiming

14

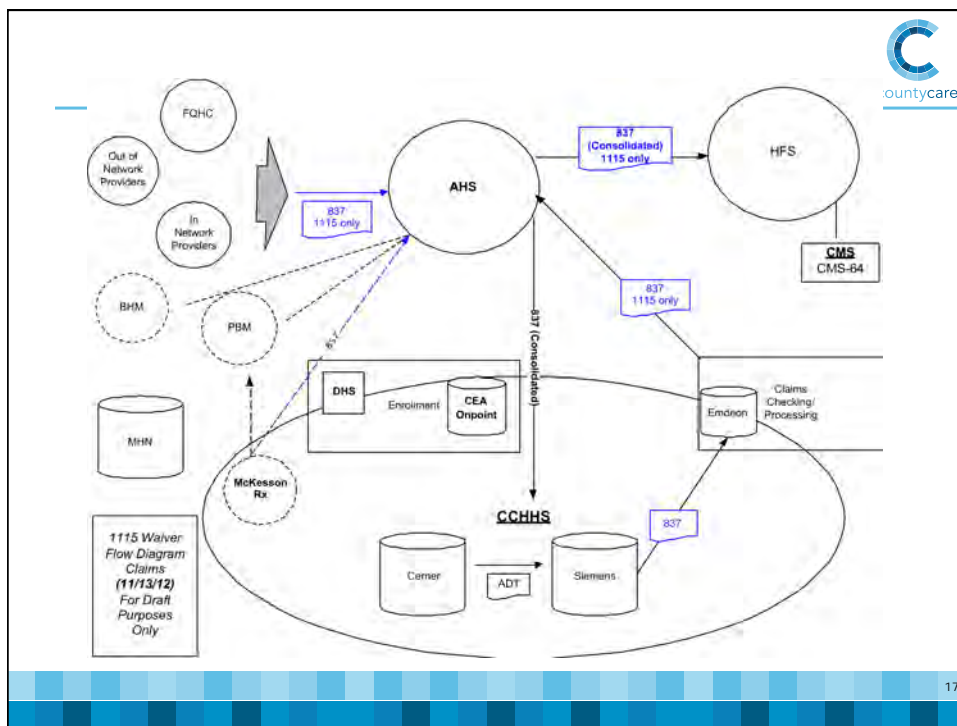


The slide is titled "Reimbursement & IT" and features the CountyCare logo in the top right corner. It contains a bulleted list of three items: "Claims flow", "Reconciliation", and "Monthly Reporting". A decorative blue and white pixelated bar is at the bottom, with the number 16 on the right.

Reimbursement & IT

- Claims flow
- Reconciliation
- Monthly Reporting

16



Measuring Quality

- AHS can report based on claims – HEDIS, 7 day follow-ups, etc
- MHN “actionable” data
- P4P Measures – Diabetes, Preventive, Asthma, BH, Access

1115 Demonstration Evaluation



Types of questions evaluation is intended to address

1. How has the demonstration bridged the gap in moving toward Medicaid coverage required under the Affordable Care Act;
2. How has the demonstration addressed unmet healthcare needs and provided a regular source of coordinated care for enrollees;
3. How has the demonstration informed the state's progress in understanding the service utilization and costs to prepare for 2014;
4. How effective have the PCMHs been in providing high-quality, coordinated care? (The state must propose quality measures that would be used to evaluate the effectiveness of the PCMHs);
5. How has the demonstration informed the state's payment methodology as it prepares establish capitated rates for its entire Medicaid population.
6. The limitations, challenges, opportunities and best practices in provider capacity and care delivery for the demonstration population to aid in preparation for coverage expansions pursuant to the Affordable Care Act.
7. Trends in beneficiary needs for the demonstration population to aid in preparation for coverage expansions pursuant to the Affordable Care Act.

19



Questions

20

CRITERIA: ages 19-64; LOL, self pay, fin assist 1; US citizen or unknown

Number of Unique Patient in 2011 with:	Estimated Waiver Population (80% of Potential)		Potential Waiver Population (includes income up to 250% poverty)	
an ACHN Primary Care Visit in 2011	38,907		48,634	
-with an ACHN specialty care visit in 2011	14,054	36.1%	17,568	36.12%
-with an ACHN screening visit in 2011	2,538	6.5%	3,172	6.52%
-with an ED/Obs visit in 2011	8,616	22.1%	10,770	22.15%
-with an Inpatient visit in 2011	3,174	8.2%	3,967	8.16%
-with a NonACHN visit in 2011	11,772	30.3%	14,715	30.26%
-with a CORE Center visit in 2011	348	0.9%	435	0.89%
-with only an ACHN Primary Care visit type in 2011	15,854	40.7%	19,818	40.75%
an ACHN Specialty Care Visit in 2011	39,525		49,406	
-with an ACHN primary care visit in 2011	14,054	35.6%	17,568	35.56%
-with an ACHN screening visit in 2011	4,186	10.6%	5,233	10.59%
-with an ED/Obs visit in 2011	12,495	31.6%	15,619	31.61%
-with an Inpatient visit in 2011	3,778	9.6%	4,722	9.56%
-with a NonACHN visit in 2011	15,506	39.2%	19,383	39.23%
-with a CORE Center visit in 2011	904	2.3%	1,130	2.29%
-with only an ACHN Specialty Care visit type in 2011	9,496	24.0%	11,870	24.03%
an ACHN Screening Visit in 2011	12,202	31.4%	15,252	
-with an ACHN primary care visit in 2011	2,538	6.5%	3,172	20.80%
-with an ACHN specialty care visit in 2011	4,186	10.8%	5,233	34.31%
-with an ED/Obs visit in 2011	3,826	9.8%	4,783	31.36%
-with an Inpatient visit in 2011	660	1.7%	825	5.41%
-with a NonACHN visit in 2011	2,912	7.5%	3,640	23.87%
-with a CORE Center visit in 2011	306	0.8%	383	2.51%
-with only an ACHN Screening visit type	4,557	11.7%	5,696	37.35%
an ED/Obs Visit in 2011	58,462		73,077	
-with an ACHN primary care visit in 2011	8,616	14.7%	10,770	14.74%
-with an ACHN specialty care visit in 2011	12,495	21.4%	15,619	21.37%
-with an ACHN screening visit in 2011	3,826	6.5%	4,783	6.55%
-with an Inpatient visit in 2011	2,938	5.0%	3,673	5.03%
-with a NonACHN visit in 2011	6,886	11.8%	8,607	11.78%
-with a CORE Center visit in 2011	948	1.6%	1,185	1.62%
-with only an ED/Obs visit type	37,408	64.0%	46,760	63.99%
an Inpatient Visit in 2011	8,168		10,210	
-with an ACHN primary care visit in 2011	3,174	38.9%	3,967	38.85%
-with an ACHN specialty care visit in 2011	3,778	46.2%	4,722	46.25%
-with an ACHN screening visit in 2011	660	8.1%	825	8.08%

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
November 29, 2012

ATTACHMENT #6



RAM RAJU, MD, MBA, FACHE, FACS
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH AND HOSPITALS SYSTEM
REPORT TO THE BOARD OF DIRECTORS
November 29, 2012

FY2013 BUDGET PROCESS

On November 9, 2012 the County Board approved the FY 2013 Budget. The final budget for the Health System is \$963,685,515. There were six amendments that touched the Health System. One of the amendments funded activities dedicated to violence prevention, intervention and reductions programs in the amount of two million dollars primarily from Department 896 – 1115 Waiver Demonstration Project professional services account. The agreement for this amendment was made possible because of the County's commitment to the expedited hiring process for the 1115 Waiver. Another amendment worthy of note deleted a position for special legal assistance to the Commissioners and added a clinical nurse position to Stroger Hospital. The detailed Amendment Report is attached.

PUBLIC HEALTH UPDATE

The Cook County Department of Public Health continues on its path toward accreditation. Documents that have been selected are being reviewed by a team of staff and managers who did not participate in the selection process to validate the documents. The agency is on target for the mock survey in February 2013.

The Community Preparedness and Coordination Unit (CPCU) completed the All Hazards Plan for Public Health to address preparedness activities. The CPCU team conducted training on the First Responder Dispensing Plan in collaboration with the Cook County MABAS (Mutual Aid Box Alarm System) Divisions.

The Communicable Disease and Control Unit has been continuously working with the Centers for Disease Control and Prevention, Illinois Department of Public Health, and Chicago Department of Public Health in the investigation of fungal meningitis cases associated with steroid injections given at APAC

Centers for Pain Management in Cook County using a preservative free steroid preparation from the New England Compounding Center (NECC). Active surveillance continues on patients who received the identified lot numbers.

The Communicable Disease Control Unit is conducting active surveillance of influenza activity from sentinel sites including Ambulatory and Community Health Network sites in suburban Cook County. CCDPH staff was co-authors on a study regarding Rotavirus outbreaks in retirement communities published in the Annals of Internal Medicine (Volume 157; Issue 9) to address risk factors and control measures.

The Integrated Health Support Services Unit/Public Health Nurses continue to provide support to the CCHHS Employee Health Services to administer flu vaccine to both Cook County Health and Hospital System employees and Cook County employees.

CAP AND AABB INSPECTION OF JOHN STROGER LABORATORY

The College of American Pathologists (CAP) Laboratory Accreditation and American Association of Blood Banks (AABB) Accreditation culminated with a one day inspection of Stroger Medical Laboratories on Wednesday, October 17th and an inspection of the Blood Bank on Friday, October 19th (Blood Bank CAP & AABB inspection). The peer inspection was performed by the lead pathologist and ten other laboratory professionals from St John's Mercy Medical Center of St Louis. The Blood Bank was inspected by a pathologist and Blood Bank Manager from Texas and St Louis.

The inspection was guided by the CAP checklist questions organized by specific laboratory disciplines, as well as general questions related to proficiency testing, quality management, human resources, space, etc. All clinical laboratories were inspected and went very well! Considering the complexity of our test menus, and the thousands of checklist questions, the number of deficiencies was small (8 phase II, 1 phase I and one AABB nonconformance.) All deficiencies have been evaluated and responded to with required documentation. The responses will be reviewed by CAP technical specialists, a CAP regional commissioner, and an accreditation committee before any accreditation decision is issued. We have full confidence that accreditation will be achieved.

At the end of the inspection, the CAP team leader and the team of inspectors summarized their findings to a large group of hospital and lab representatives. Inspector comments included: "The laboratory has

made substantial improvements and corrected prior recurring deficiencies. Leadership is visibly involved in day-to-day laboratory operations and works cohesively as a team. There is a high level of medical staff respect and support for the laboratory operation. Quality Control processes and procedures are excellent. The lab is well run and well organized.” I want to thank Joanne Dulski, System Laboratory for her leadership and congratulate her entire team.

AIDS FOUNDATION OF CHICAGO IMPACT AWARD

On Thursday, November 1st the AIDS Foundation of Chicago (AFC) awarded Cermak Health Services the AFC Impact Award at the 2012 AFC Annual Meeting. Cermak received this honor as a result of every individual who enters Cook County Jail being offered opt-out HIV testing and counseling services, and linked to high quality care through Cermak Health Services or a community partner upon release. AFC recognized the work to expand HIV test and care services and help prevent the spread of HIV that will touch thousands of lives with in the correctional system and throughout metropolitan Chicago. I want to thank Dr. Michael Puisis, his vision of correctional health care as a vital link in the public health system was embodied in his leadership of Cermak Health Services and will well outlast the time he spent with the Cook County Health and Hospitals System.

RECOGNITION

Martha Webb, Stroger Hospital

A few weeks ago, an outpatient needed direction to Clinic "H". Earlier last week this patient called to explain how helpful everyone at Stroger had been to her and in particular Martha Webb. Martha went the extra mile to assist the patient when she needed to find out when her next appointment was and with whom. The patient could not say enough nice things about Martha and the entire staff at Stroger Hospital. Thank you Martha for your commitment and care to our patients and the example you've set.